

NOTICE OF PROPOSED RULEMAKING

TITLE 6. ECONOMIC SECURITY

CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY

DEVELOPMENTAL DISABILITIES

**ARTICLE 15. STANDARDS FOR CERTIFICATION OF HOME AND COMMUNITY-
BASED SERVICE (HCBS) PROVIDERS**

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**ARTICLE 15. STANDARDS FOR CERTIFICATION OF HOME AND
COMMUNITY BASED SERVICE (HCBS) PROVIDERS**

R6-6-1501. Definitions and Location of Definitions

- A.** Location of definitions. The following definitions applicable to this Article are found in the following Section or Citation:

“Administrative Completeness Review” R6-6-1501(B)

“Administrative Completeness Review Time Frame” A.R.S. § 41-1072

“Administrative Review R6-6-101

“Adult Household Member” A.R.S. § 36-551

“ALTCS” R6-6-101

“Applicant” R6-6-1501(B)

“Application” R6-6-1501(B)

“Attendant Care” R6-6-1501(B)

“Behavioral Health Professional R6-6-1501(B)

“Behavior Plan” R6-6-1501(B)

“Business Day” R6-6-1501(B)

“Certificate Holder” R6-6-1501(B)

<u>"Chief Executive Officer"</u>	<u>R6-6-1501(B)</u>
<u>"Compliance Audit"</u>	<u>R6-6-1501(B)</u>
<u>"Corrective Action Plan"</u>	<u>R6-6-1501(B)</u>
<u>"Day"</u>	<u>R6-6-1501(B)</u>
<u>"Department"</u>	<u>A.R.S. § 36-551</u>
<u>"Developmental Disability"</u>	<u>A.R.S. § 36-551</u>
<u>"Direct-care Service"</u>	<u>R6-6-1501(B)</u>
<u>"Direct-care Worker"</u>	<u>R6-6-1501(B)</u>
<u>"Disqualifying Act"</u>	<u>R6-6-1501(B)</u>
<u>"Division"</u>	<u>A.R.S. § 36-551</u>
<u>"Grievance"</u>	<u>R6-6-1501(B)</u>
<u>"Group Home"</u>	<u>A.R.S. § 36-551</u>
<u>"Habilitation"</u>	<u>A.R.S. § 36-551</u>
<u>"HCBS Agency"</u>	<u>R6-6-1501(B)</u>
<u>"HCBS Agency Roster"</u>	<u>R6-6-1501(B)</u>
<u>"HCBS Certification"</u>	<u>R6-6-1501(B)</u>
<u>"HCBS Provider"</u>	<u>R6-6-1501(B)</u>

<u>“HCBS Site Certification”</u>	<u>R6-6-1501(B)</u>
<u>“Home and Community-Based Services” or “HCBS”</u>	<u>R6-6-1501(B)</u>
<u>“Home Health Agency”</u>	<u>A.R.S. § 36-151</u>
<u>“Home Health Aide”</u>	<u>R6-6-1501(B)</u>
<u>“Home Health Nurse”</u>	<u>R6-6-1501(B)</u>
<u>“Homemaker”</u>	<u>R6-6-1501(B)</u>
<u>“Immediate Relative”</u>	<u>R6-6-1501(B)</u>
<u>“Incident”</u>	<u>R6-6-1501(B)</u>
<u>“Individual Independent Provider”</u>	<u>R6-6-1501(B)</u>
<u>“Key Staff”</u>	<u>R6-6-1501(B)</u>
<u>“Level One Fingerprint Clearance Card”</u>	<u>A.R.S. § 41-1758.07</u>
<u>“Life Safety Inspection”</u>	<u>R6-6-1501(B)</u>
<u>“Medicare-certified”</u>	<u>R6-6-1501(B)</u>
<u>“Member”</u>	<u>R6-6-1501(B)</u>
<u>“Occupational Therapy”</u>	<u>A.R.S. § 32-3401</u>
<u>“Overall Time Frame”</u>	<u>A.R.S. § 41-1072</u>
<u>“Physical Therapy”</u>	<u>A.R.S. § 32-2001</u>

<u>“Planning Document”</u>	<u>R6-6-1501(B)</u>
<u>“Premises”</u>	<u>R6-6-1501(B)</u>
<u>“Provider Type”</u>	<u>R6-6-1501(B)</u>
<u>“Registered Nurse”</u>	<u>A.R.S. § 32-1601</u>
<u>“Respiratory Therapy”</u>	<u>R6-6-1501(B)</u>
<u>“Respite Services”</u>	<u>A.R.S. § 36-551</u>
<u>“Responsible Person”</u>	<u>A.R.S. § 36-551</u>
<u>“Service Provider”</u>	<u>A.R.S. § 36-551</u>
<u>"Speech-language Pathologist"</u>	<u>R6-6-1501(B)</u>
<u>“Substantive Review”</u>	<u>R6-6-1501(B)</u>
<u>“Substantive Review Time Frame”</u>	<u>A.R.S. § 41-1072</u>

B. The following definitions apply to this Article:

1. “Administrative Completeness Review” means the process to determine if an Application contains all components required by this Article for HCBS Certification or HCBS Site Certification.
- ~~1. “AHCCCS provider type” means the descriptive category of service types assigned to a provider by AHCCCS during the registration process for individuals or agencies providing services to ALTCS clients.~~

2. “Applicant” means an ~~agency or individual that has applied to~~ petitioning the ~~Division~~ Department on behalf of the individual or an HCBS Agency to become certified or to renew ~~a certificate as an HCBS~~ Certificate for an HCBS Provider ~~service provider. When applying on behalf of a HCBS Agency, the Applicant shall be either the owner or the Chief Executive Officer of the HCBS Agency.~~
3. “Application” means the documentation and information required by the Department to initiate the Certification process and to authorize the Department to conduct assessments and investigations to verify an Applicant’s qualifications and compliance with Certification requirements.
4. “Attendant Care” means general supervision of, or assistance for, a Member to remain in the Member’s place of residence and participate in community activities by developing skills for, or maintaining skills for personal cleanliness, activities of daily living, and safe and sanitary living conditions.
5. “Behavioral Health Professional” means:
 - a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - i. Independently engage in the practice of behavioral health as defined in A.R.S. §32-3251, or
 - ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. §32-3251 under direct supervision as defined in A.A.C. R4-6-101;

- b. A psychiatrist, as defined in A.R.S. §36-501;
 - c. A psychologist, as defined in A.R.S. §32-2061;
 - d. A physician, as defined in A.R.S. § 32-1401;
 - e. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse;
 - f. A behavior analyst, as defined in A.R.S. §32-2091; or
 - g. A registered nurse with:
 - i. A psychiatric-mental health nursing certification, or
 - ii. One year of experience providing behavioral health services.
6. “Behavior Plan” means an integrated, individualized, written treatment plan, based on a Behavioral Health Professional’s provisional or principal diagnosis and assessment of behavior and the treatment needs, abilities, resources, and circumstances of a Member, that includes:
- a. One or more treatment goals;
 - b. One or more treatment methods;
 - c. The date when the Member’s Behavior Plan will be reviewed;
 - d. The dated signature of the Member or the Member’s legal representative;
and
 - e. The dated signature of the Behavioral Health Professional.

7. “Business Day” means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays listed in A.R.S. § 1-301.
3. ~~“Certified instructor” means an individual who has a current certificate to provide instruction for CPR, First Aid, or client intervention techniques.~~
4. ~~“Client intervention techniques” means methods which provide an individual with defensive skills for dealing with aggressive behaviors and is designed to reduce the chance of physical injury and property destruction and to prevent reinforcement of those aggressive behaviors.~~
8. “Certificate Holder” means an individual or an HCBS Agency that has met the requirements and been granted an HCBS Certificate.
9. "Chief Executive Officer" means the highest-ranking corporate officer, administrator, corporate administrator, executive, or executive officer, in charge of total management of a corporation, company, organization or agency.
510. ~~“Compliance audit~~ Audit” means an examination of service provider HCBS Provider records and interviews which that the Division Department conducts to assess compliance with HCBS certification Certification.
611. ~~“Corrective action plan~~ Action Plan” means a specific activity prescribed by the Division which directs written document outlining actions to be taken within a specific period of time by the service provider HCBS Provider to remedy

violations of HCBS ~~certification~~ Certification requirements ~~within a specific period of time.~~

12. “Day” means calendar day unless otherwise specified.

~~7. “Direct services” means services provided specifically for the benefit of an individual client.~~

~~813. “Direct care Direct-care Service” means those services a service provided to a client which result in attention to personal needs and supervision of the client by a Direct-care Worker to assist a Member to live as independently as possible at home or in the community.~~

14. “Direct-care Worker” means an individual who provides Direct-care Services to Members, including an Individual Independent Provider, an employee of an HCBS Provider, or a subcontractor of an HCBS Provider.

15. “Disqualifying Act” means a type of substantiated finding of abuse or neglect identified by the Department of Child Safety in accordance with A.R.S. 8-804(M) as prohibiting an individual from working with children or vulnerable adults unless the individual obtains a central registry exception from the Board of Fingerprinting under A.R.S. 41-619.57.

16. “Grievance” means an expression of dissatisfaction about any matter other than an adverse action.

~~917. “HCBS” or “Home and Community-based Based Services” or “HCBS” means one or more of the following services provided to clients-Members:~~

- a. Attendant Care;
- ~~b. Day Treatment and Training for Children or Adults;~~
- eb. Habilitation;
- dc. Home Health Aide;
- ed. Home Health Nurse;
- f. ~~Hospice Care;~~
- ge. ~~Housekeeping Chore/Homemaker;~~
- h. ~~Non-Emergency Transportation;~~
- if. Occupational Therapy;
- j. ~~Personal Care;~~
- kg. Physical Therapy;
- lh. Respiratory Therapy;
- mi. Respite ~~services~~ Services;
- nj. ~~Speech/Hearing Therapy;~~ Speech-language pathology; and
- o. ~~Supported Employment;~~
- pk. Other comparable services as approved by the Arizona Health Care Cost Containment System AHCCCS (AHCCCS) Director.

18. “HCBS Agency” means an entity that has the legal authority to do business in the state of Arizona and intends to provide HCBS. For the purposes of this Article, an HCBS Agency is an HCBS Provider.
19. “HCBS Agency Roster” means a listing of all Direct-care Workers, managers of Direct-care Workers, and directors of an HCBS Agency.
120. “HCBS ~~certification~~ Certification” means the process by which the ~~Division~~ Department ensures that an ~~applicant~~ Applicant ~~or service provider~~ meets the standards in this Article ~~for to provide~~ Home and Community-basedBased Services to a Member.
21. “HCBS Provider” means a Service Provider that administers HCBS to a Member. HCBS Provider includes an HCBS Agency and an Individual Independent Provider.
22. “HCBS Site Certification” means the process by which the Department ensures that an Applicant or HCBS Provider meets the requirements in this Article to provide Home and Community-Based Services at a location leased or owned by the Applicant or HCBS Provider.
23. “Home Health Aide” means an individual employed by a Home Health Agency to:
- a. Provide intermittent medically necessary health maintenance, continued treatment or monitoring of a health condition, and supportive care for activities of daily living at the Member’s place of residence; and

- b. Serve, under the supervision of a licensed, Registered Nurse, as an assistant to the primary caregiver in following a plan of care based upon the Member's medical condition as prescribed by the primary care provider and as authorized by the Department's health care services.
24. "Home Health Nurse" means an individual who provides nursing services in the Member's place of residence, including patient care, coordination, facilitation, and education.
- ~~1225.~~ "Housekeeping Homemaker" means providing an individual who provides assistance in the performance of activities related to routine household maintenance at a client's Member's residence but does not include any direct care for the client.
- ~~1326.~~ "Immediate ~~relative~~ Relative" means natural parent, stepparent, adoptive parent, natural child, natural sibling, adoptive child, adoptive sibling, stepchild, stepbrother, stepsister, stepsibling, spouse, father-in-law, mother-in-law, parent-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, grandparent, grandchild, spouse of a grandparent or grandchild, or natural or adoptive parent's sibling.
27. "Incident" means an occurrence, which could potentially affect the health and well-being of a Member enrolled with the Department or poses a risk to the community.
28. "Individual Independent Provider" means a person who is qualified to provide service, has an AHCCCS provider identification number and an Individual

Service Agreement, Independent Provider Agreement, or a qualified vendor agreement with the Department to provide community Developmental Disability services.

29. “Key Staff” means any owner, director, administrator, Chief Executive Officer, or supervisor of Direct-care Workers of an HCBS Agency.

30. “Life Safety Inspection” means an examination of Premises by the Department to verify compliance with standards intended to safeguard a Member from fire and other hazardous conditions.

1431. “Medicare-certified” means having received Medicare certification through the Arizona Department of Health Services. Centers for Medicare and Medicaid Services.

32. “Member” means the same as Client in A.R.S. § 36-551.

33. “Planning Document” means a written statement of services that is separate from the Behavioral Plan and shall be provided to a Member, including Habilitation goals and objectives, that is developed following an initial eligibility determination and revised after periodic reevaluations.

34. “Premises” means:

a. The Home; and

b. The property and any other structures surrounding the Home that are owned, leased, or controlled by the Applicant or Certificate Holder.

- ~~135.~~ “~~AHCCCS provider~~ Provider type-Type” means the descriptive category of services assigned to a provider by AHCCCS during the registration process for individuals or agencies providing services to ALTCS ~~clients~~ Members.
36. “Respiratory Therapy” means treatment services to restore, maintain, or improve respiratory functions and improve the functional capabilities and physical well-being of the Member that are provided by, or under the supervision of, a respiratory therapist licensed according to A.R.S. Title 32, Chapter 35.
37. “Speech-language Pathologist” means a person who is licensed to provide services prescribed in A.R.S. § 36-1940.04.
38. “Substantive Review” means the process to determine if an Application or Applicant meets all substantive criteria required by this Article for an HCBS Certificate or HCBS Site Certificate.

R6-6-1502. Applicability

This Article applies to an individual or agency that provides or wishes to provide ~~Home and Community-based Services~~ HCBS to ~~clients~~ Members.

R6-6-1503. Requirements for ~~an~~ HCBS ~~Certificate~~ Certification

- A. No ~~individual~~ HCBS Provider shall provide ~~Home and Community-based Services~~ HCBS to clients unless the ~~Division~~ Department has certified the ~~individual~~ HCBS Provider in accordance with this Article ~~and, if providing services through ALTCS, registered the applicant with AHCCCS.~~

- B.** ~~The Division shall register the applicant with AHCCCS, if required, as part of the HCBS certification~~ The Department shall not discriminate against any HCBS Provider in accordance with federal and state nondiscrimination laws and regulations in relation to applying for or maintaining an HCBS Certification.

R6-6-1504. ~~Application for an Initial HCBS Certificate~~ HCBS Certification – Agencies

- A.** ~~To become certified to provide a Home and Community-based Service to a client, an applicant shall file an application for an HCBS certificate with the Division and meet the requirements of this Article.~~

- B.** ~~The applicant shall complete application for an initial HCBS certificate on a form prescribed by the Division. The form shall contain the following information:~~

- ~~1. Name,~~
- ~~2. Home and business address,~~
- ~~3. Specific services for which application is made,~~
- ~~4. Phone number,~~
- ~~5. Social security number or tax identification number,~~
- ~~6. Self declaration regarding criminal history of offenses listed in R6-6-1514(B),~~
- ~~7. Description of work experience, and~~
- ~~8. Description of educational background.~~

- ~~C. The applicant shall provide a copy of any other license or certificate required by this Article to provide a specific service.~~
- ~~D. Except as provided by R6-6-1521, the applicant shall provide forms for three letters of reference to individuals who are not the applicant's family members and who have personal knowledge about the applicant's employment history, education, or character. The letters will be on forms provided by the Division. The individual giving the reference shall send the completed reference form to the Division.~~
- ~~E. The Division shall be in receipt of a completed application and three letters of reference before considering certification of the applicant.~~
- ~~F. The applicant shall provide the Division with written documentation signed by the person performing the inspection of the completion of the requirements of R6-6-1505.~~
- ~~G. Within 60 days of receipt of an application, the Division shall notify the applicant of any missing documents or information. The Division shall allow 30 days from the date of notification to the applicant for submission of the remaining documents or information and, if not received at that time, may close the record.~~
- ~~H. The Division shall conduct background checks with Child Protective Services and Adult Protective Services on applicants when information in the application indicates a past history of child or elder abuse. The Division shall utilize the background check information when determining whether to certify an applicant.~~
- A. An Applicant applying on behalf of an HCBS Agency for an initial HCBS Certification shall:

1. Submit an Application for an HCBS Certificate and accompanying documentation with the Department and meet the requirements of this Article;
2. Be at least 18 years of age;
3. Reside in Arizona and be lawfully present in the United States;
4. Declare that the Applicant:
 - a. Has not committed a crime specified in A.R.S. § 41-1758.07 as a precluding crime for the issuance of a Level One Fingerprint Clearance Card; and
 - b. Is not a registered sex offender;
5. Complete the Application for an initial HCBS certificate on forms prescribed by the Department. A complete application shall include:
 - a. Name of the HCBS Agency;
 - b. Each location where the HCBS Agency intends to provide services;
 - c. HCBC Agency mailing address;
 - d. Any other business address for the HCBC Agency;
 - e. Specific services that the HCBS Agency intends to provide;
 - f. Phone number for each location at which services will be rendered;
 - g. Email address that can be used for official notifications from the Department to the HCBS Agency;
 - h. Date of birth of the HCBS Agency owner or Chief Executive Officer;

- i. Names and aliases of the HCBC Agency owner or Chief Executive Officer, including birth names and names used in marriages; and
- j. Social Security Number of the HCBS Agency owner or Chief Executive Officer.

6. Provide the following documentation:

- a. A signed Criminal History Self Disclosure Affidavit on a form provided by the Department;
- b. Evidence of a current, valid Level One Fingerprint Clearance Card;
- c. A written disclosure of the Applicant's history of certification and licensure;
- d. A written disclosure of the Agency's history of certification and licensure;
- e. Documentation of training required by this Article if the Applicant intends to provide Direct-care Services;
- f. A disclosure of any of the following in which the Applicant has been a party:
 - i. Criminal proceedings; and
 - ii. Lawsuits;
- g. An HCBS Agency Roster; and

- h. Proof of authorization of the HCBS Agency to do business in the state of Arizona, if requested by the Department.
7. Submit to checks through the Department of the protective services registries maintained by the Department's Adult Protective Services and the Department of Child Safety.
- B.** A Certificate Holder applying for a renewal of an HCBS Certification for an HCBS Agency shall meet the following criteria:
1. The Certificate Holder shall complete a renewal Application in the form and manner prescribed by the Department and submit the Application to the Department at least 10 Days prior to the expiration of the current HCBS Certificate;
2. The Certificate Holder shall provide updated information to the Department, including:
- a. Name of the HCBS Agency;
- b. Each location where the HCBS Agency intends to provide services;
- c. HCBC Agency mailing address;
- d. Any other business address for the HCBC Agency;
- e. Specific services that the HCBS Agency provides;
- f. Phone number for each location at which services will be rendered;

- g. An email address that can be used for official notifications from the Department to the HCBS Agency;
 - h. A signed “Criminal History Self Disclosure Affidavit” on a form provided by the Department, to be submitted every six years;
 - i. Evidence of a current, valid Level One Fingerprint Clearance Card for each Key Staff;
 - j. Documentation of training required by this Article;
 - k. A disclosure of court proceedings in which the Certificate Holder has been a party, as listed in R6-6-1504(A)(6)(e); and
 - l. An HCBS Agency Roster.
 3. The Certificate Holder shall submit to checks through the Department of the protective registries maintained by the Department’s Adult Protective Services and the Department of Child Safety.
- C. A Certificate Holder shall request in writing that the Department amend an active HCBS Certificate at least 30 Days prior to the change in any of the following information:
1. Name of the HCBS Agency;
 2. Address;
 3. Telephone number;
 4. Adding or deleting an HCBS Service Site; or

5. Change of Provider Types established by AHCCCS.

- D.** An HCBS Agency that has a change of owner shall submit a new initial application packet as detailed in R6-6-1504(A).
- E.** A Certificate Holder may use the renewal criteria detailed in R6-6-1504(B) to reinstate an expired HCBS Certificate that has been expired or closed for less than 180 Days. Any expired or closed HCBS Certificate, except as provided for by A.R.S. § 41-1064(B), that exceeds 180 Days from the expiration or closure shall follow the initial application process from R6-6-1504(A) to reinstate.
- F.** During the term of the HCBS Certificate, the Certificate Holder shall maintain all certifications and other qualifications relied upon to obtain the HCBS Certificate.
- G.** During the term of the HCBS Certificate each HCBS Agency shall maintain a current HCBS Agency Roster on file.
- 1.** Each HCBS Agency shall add new employees and subcontractors to the HCBS Agency Roster and demonstrate full compliance with the HCBS Agency Roster requirements prior to providing services; and
- 2.** Each HCBS Agency shall make updates or changes to staff information on the HCBS Agency Roster within 30 Days of the change.

R6-6-1504.1. ~~Time-Frame for Granting or Denying an HCBS Certificate~~ Repealed

~~For the purpose of A.R.S. § 41-1073, the Division establishes the following HCBS certificate time-frames:~~

~~1. Administrative completeness review time-frame:~~

~~a. For an initial certificate, 60 days;~~

~~b. For a renewal certificate, 25 days; and~~

~~c. For an amended certificate, 25 days.~~

~~2. Substantive review time-frame:~~

~~a. For an initial certificate, 60 days;~~

~~b. For a renewal certificate, 5 days; and~~

~~c. For an amended certificate, 5 days.~~

~~3. Overall time-frame:~~

~~a. For an initial certificate, 120 days;~~

~~b. For a renewal certificate, 30 days; and~~

~~c. For an amended certificate, 30 days.~~

R6-6-1504.03. ~~Contents of a Complete Application Package – Initial Certificate~~ Repealed

~~An initial application package is complete when the Division has all of the following information:~~

~~1. From the applicant, a completed application form as prescribed in R6-6-1504 (B);~~

~~and~~

~~2. From the applicant, the following documents listed on the application form:~~

- a. ~~A completed AHCCCS provider participation agreement form as prescribed in R6-6-1503 which contains the following information:~~
 - i. ~~The applicant's name, social security number or tax identification number, and business address;~~
 - ii. ~~Terms of the agreement between the provider and AHCCCS; and~~
 - iii. ~~Signature of the applicant.~~
- b. ~~A completed declaration of criminal history as prescribed in R6-6-1504(B)(6) on a Division form which contains the following information:~~
 - i. ~~Name of the applicant,~~
 - ii. ~~Social security number,~~
 - iii. ~~Date of birth,~~
 - iv. ~~Applicant address,~~
 - v. ~~A declaration of whether or not the applicant has committed any of the crimes listed in R6-6-1514, and~~
 - vi. ~~Dated signature.~~
- e. ~~Documentation showing that fingerprints have been taken as prescribed in R6-6-1506;~~
- d. ~~Documentation showing current CPR training as prescribed in R6-6-1520;~~

- e. ~~Documentation showing current First Aid training as prescribed in R6-6-1520;~~
- f. ~~Documentation showing Article 9 review as prescribed in R6-6-1520;~~
- g. ~~Documentation showing that the applicant has a current driver's license, vehicle registration, and liability insurance as prescribed in R6-6-1520(D);~~
- h. ~~Copies of any applicable professional license or certification as prescribed in R6-6-1504(C); and~~
- i. ~~AHCCCS provider registration form as prescribed in R6-6-1503 which contains the following information:~~
 - i. ~~Name, social security number, and Federal Employer Identification (FEI) number of the applicant;~~
 - ii. ~~Physical and mailing address of the applicant;~~
 - iii. ~~Telephone number and telefacsimile number, if applicable for the applicant;~~
 - iv. ~~Categories of service provided;~~
 - v. ~~Changes from the prior year, if necessary;~~
 - vi. ~~AHCCCS provider identification number;~~
 - vii. ~~Districts and counties served;~~
 - viii. ~~Place and date of birth; and~~

~~ix. Dated signature.~~

~~3. From sources other than the applicant, the documents listed on the application form as follows:~~

~~a. Three letters of reference as prescribed in R6-6-1504(D), and~~

~~b. Documentation showing that the applicant's home or office has passed:~~

~~i. A fire inspection as prescribed in R6-6-1505, and~~

~~ii. A health and safety inspection as prescribed in R6-6-1505.~~

R6-6-1504.04. ~~Contents of a Complete Application Package – Renewal Certificate~~
Repealed

~~A renewal application is complete when the Division has all the following information:~~

~~1. From the applicant, the following items:~~

~~a. AHCCCS provider registration form;~~

~~b. Documentation of current CPR and First Aid training, current driver's license, and applicable professional licenses and certifications, if prior documentation has expired;~~

~~c. A completed declaration of criminal history every three years since the date of initial certification; and~~

~~d. Documentation that fingerprints have been taken at three-year intervals.~~

2. ~~From sources other than the applicant, documentation that the applicant's home or office has passed a fire inspection every two years since the date of initial certification.~~

R6-6-1504.05. Contents of a Complete Request for an Amended Certificate Repealed

~~A request for an amended HCBS certificate is complete when the Division has the following information:~~

1. ~~AHCCCS provider registration form, and~~
2. ~~Documentation to support the requested change.~~

R6-6-1505. HCBS Certificate – Individual Independent Providers

A. An Applicant applying as an Individual Independent Provider for an initial HCBS Certificate shall:

1. Submit an application for an HCBS Certificate and accompanying documentation with the Department and meet the requirements of this Article;
2. Be at least 18 years of age;
3. Reside in Arizona, unless approved by the Department;
4. Be lawfully present in the United States;
5. Declare under oath that the Applicant has not committed a crime specified in A.R.S. § 41-1758.07 as a precluding crime for the issuance of a Level One Fingerprint Clearance Card;
6. Complete the application for an initial HCBS certificate on forms prescribed by the Department. A complete Application shall include:

- a. Name of the Individual Independent Provider;
- b. Date of birth of the Individual Independent Provider;
- c. Each location where the Individual Independent Provider intends to provide services;
- d. The Individual Independent Provider's mailing address;
- e. Aliases of the Individual Independent Provider, including birth name and names used in marriages;
- f. Specific services that the Individual Independent Provider intends to provide;
- g. An email address that can be used for official notifications from the Department to the Individual Independent Provider;
- h. Social Security Number of the Individual Independent Provider;
- i. Employment history of the Individual Independent Provider, including the names of employers, dates of employment, and positions held during the previous 10 years;
- j. A description of the education and experience of the Individual Independent Provider in caring for children or vulnerable adults, or individuals with Developmental Disabilities; and
- k. Phone number for each location at which services will be rendered.

7. Provide the following documentation:

- a. A signed “Criminal History Self Disclosure Affidavit” on a form provided by the Department;
- b. Evidence of a current, valid Level One Fingerprint Clearance Card unless exempted under ARS 36-594.01(D);
- c. A written disclosure of the Applicant’s history of certification and licensure including current or past licensure or certification issued by any agency of the State of Arizona to provide any Direct-care Service;
- d. Documentation of training required by this Article if the Applicant intends to provide Direct-care Services;
- e. A disclosure of criminal proceedings in which the Applicant has been a party;
- f. A signed “Statement of Understanding” on a form provided by the Department, including an authorization to conduct background checks;
- g. Written notification if the services will be provided in the Applicant’s place of residence;
- h. Proof of vehicle liability insurance, current registration, and Driver’s License, if transporting Members; and
- i. Contact information for three personal references who are not family members and who have personal knowledge about the applicant’s employment history, education, or character.

8. Submit to checks through the Department of the protective registries maintained by the Department's Adult Protective Services and the Department of Child Safety.

B. A Certificate Holder applying for a renewal of an HCBS Certification as an Individual Independent Provider shall meet the following criteria:

1. The Certificate Holder shall complete a renewal application in the form and manner prescribed by the Department and submit the application to the Department at least 10 Days prior to the expiration of the current HCBS Certification;
2. The Certificate Holder shall provide updated information to the Department for the following:
 - a. Name of the Individual Independent Provider;
 - b. Date of birth of the Individual Independent Provider;
 - c. Each location where the Individual Independent Provider intends to provide services;
 - d. The Individual Independent Provider's mailing address;
 - e. Aliases of the Individual Independent Provider, including birth name and names used in marriages;
 - f. Specific services that the Individual Independent Provider intends to provide;

- g. An email address that can be used for official notifications from the Department to the Individual Independent Provider;
 - h. Social Security Number of the Individual Independent Provider;
 - i. Every six years, a signed “Criminal History Self Disclosure Affidavit” on a form provided by the Department;
 - j. Phone number for each location at which services will be rendered;
 - k. Evidence of a current, valid Level One Fingerprint Clearance Card;
 - l. Documentation of training required by this Article; and
 - m. A disclosure of court proceedings in which the Applicant has been a party, as listed in R6-6-1505(A)(6)(e).
3. The Certificate Holder shall submit to checks through the Department of the protective registries maintained by the Department’s Adult Protective Services and the Department of Child Safety.
- C. A Certificate Holder shall request in writing that the Department amend an active HCBS Certificate at least 30 Days prior to the change in any of the following information:
- 1. Name of the Individual Independent Provider;
 - 2. Address;
 - 3. Telephone number; or
 - 4. Adding or deleting an HCBS Service Site.

- D.** A Certificate Holder may utilize the renewal criteria detailed in (B) of this Section to reinstate an expired HCBS Certificate that has been expired or closed for less than 180 Days. Any expired or closed HCBS Certificate, except as provided for by A.R.S. § 41-1064(B), that exceeds 180 Days from the expiration or closure shall follow the initial application process from (A) of this Section to reinstate.
- E.** During the term of the HCBS Certificate, the Certificate Holder shall keep current all requirements demonstrated to obtain the HCBS Certificate.

R6-6-1506. HCBS Site Certificate – Group Homes

- A.** An Applicant applying for an initial HCBS Site Certification for a Group Home shall:
1. Have an active HCBS Certification for the HCBS Agency that is applying to certify the site; and
 2. Submit the following to the Department:
 - a. A license from the Arizona Department of Health Services as required under A.R.S. § 36-132(A)(21) for the service site for which the HCBS Agency is applying if applicable to the service site; and
 - b. A completed Application in the form and manner prescribed by the Department.
- B.** An Applicant applying for a renewal of an HCBS Site Certification for a Group Home shall:
1. Be a certified HCBS Agency; and

2. Submit to the Department a license demonstrating compliance with A.R.S. § 36-591(B).

C. If the HCBS Agency that holds the HCBS Site Certification has a change of owner the HCBS Agency shall follow the process of a new initial application packet as detailed in R6-6-1506(A).

R6-6-1507. ~~Application for an HCBS Certificate Renewal~~ Repealed

A. ~~The Division shall send a notice of renewal to the service provider 60 days prior to the expiration of the HCBS certificate.~~

B. ~~Not more than 30 days and not less than 10 days prior to the expiration date of a current HCBS certificate, an applicant shall apply to the Division for renewal on a form provided and prescribed by the Division. The form shall contain the following information:~~

- ~~1. Name;~~
- ~~2. Home and business address;~~
- ~~3. Social security number or tax identification number;~~
- ~~4. AHCCCS registration number;~~
- ~~5. Phone number; and~~
- ~~6. Any services which the applicant wishes to:~~
 - ~~a. Provide in addition to services currently on the HCBS certificate; or~~
 - ~~b. Delete from services currently on the HCBS certificate.~~

- ~~C. The applicant shall include a copy of current licenses and training as required by this Article.~~

~~R6-6-1504.02.~~ **R6-6-1507.** Administrative Completeness and Substantive Review

Process

- ~~A. The Division shall send the applicant a written notice within the administrative completeness review time-frame indicating that the application package is either complete or incomplete.~~
- ~~B. If the application package is incomplete, the Division shall list the missing information in the notice and ask the applicant to supply the missing information within 30 days from the date of notice. If the applicant fails to do so, the Division may close the file.~~
- ~~C. An applicant whose file has been closed and who later wishes to become certified may reapply to the Division. The administrative completeness time frame starts over when the Division receives the written request to reapply.~~
- ~~D. When the application is complete, the Division shall complete a substantive review of the applicant's qualification. The Division shall:~~
- ~~1. Review the application form and all required documents to ensure compliance with this Article;~~
 - ~~2. Conduct CPS/APS background checks, and~~
 - ~~3. Verify previous licensure or certification.~~
- ~~E. If an HCBS certificate is denied, the Division shall send a notice to the applicant and include the following information:~~

- ~~1. The reason for the denial with citation to supporting statutes or rules,~~
 - ~~2. The applicant's right to appeal the denial, and~~
 - ~~3. The time periods for appealing the denial.~~
- ~~F. An applicant shall submit an HCBS certificate application package to DES/DDD, P.O. Box 6123, Site Code 791A, Phoenix, Arizona 85005-6123, Attention: HCBS Certification Unit.~~
- A. The Department shall review an application and render a decision within required time frames as specified within this Section.
- B. Within 30 days of receiving an Application, the Department shall conduct an Administrative Completeness Review to determine whether all required documentation and information has been submitted:
1. If the Application is complete, the Department shall immediately move the Application forward for a substantive review; or
 2. If the Application is incomplete, the Department shall issue a Notice of Incomplete Application to the Applicant and the Licensing Agency containing a comprehensive list of items and information needed to complete the Application.
 - a. The Applicant shall have 30 Days from issuance of the notice to submit the missing items and information to the Department.
 - b. If the Applicant does not submit the requested items and information within 30 Days of receiving the Notice of Incomplete Application, the Department may close the file.

- c. If the Applicant submits the required items and information to the Department within 30 Days, the Department shall conduct a Substantive Review of the Application.
 - d. The time frame for the Substantive Review shall not include the time from the date the Department issues the Notice of Incomplete Application to the date the Department receives all the required items and information.
 - C. The Department shall complete a Substantive Review within 30 Days following the Administrative Completeness Review of an Application to evaluate if the Applicant meets the criteria for certification.
 - 1. The Department may request additional information from the Applicant within the 30-day Substantive Review Time Frame to evaluate the suitability of the Applicant for certification, if needed.
 - a. The Applicant shall have an additional 21 Days to provide the requested information to the Department; and
 - b. The Substantive Review Time Frame shall not include the time allowed for in (a) of this Section.
 - 2. The Department shall make the decision to issue the HCBS Certificate, as described under R6-6-1517, or deny the HCBS Certificate as described under R6-6-1523.
 - D. Within an Overall Time Frame of 60 Days upon receipt of a completed application, the Department shall:
 - 1. Complete an Administrative Completeness Review of an Application;

2. Complete a Substantive Review of whether the Applicant meets the criteria for certification; and

3. Notify the Applicant of the decision to grant or deny an HCBS Certificate.

E. The same time frames used for initial certification shall also apply to renewing and amending an HCBS Certificate or HCBS Site Certificate.

R6-6-1508. Issuing an HCBS Certificate and HCBS Site Certificate

A. The ~~Division~~ Department shall issue a new HCBS Certificate or HCBS Site Certificate to an Applicant or a renewal HCBS Certificate or renewal HCBS Site Certificate to the ~~applicant~~ Certificate Holder when it determines that:

1. The ~~applicant~~ Applicant meets ~~the fingerprinting requirements provided by R6-6-1506~~ all of the applicable certification requirements specified in this Article for the type of HCBS Certificate or HCBS Site Certificate the Applicant is seeking; and

2. ~~Each applicant and the direct-care staff of a contracted agency possess any license, have completed any training, and have the professional experience required by this Article; and~~

32. The ~~applicant~~ Applicant demonstrates the ability, knowledge, experience, and fitness in accordance with R6-6-1505(A), if applicable, and past history to provide these services.

B. The HCBS ~~certificate~~ Certificate shall specify the services the ~~applicant~~ Applicant is certified to provide, conditions of the HCBS Certificate, and any restrictions.

R6-6-1509. Duration of an HCBS Certificate and HCBS Site Certificate

- A. An initial HCBS ~~certificate~~ Certificate or HCBS Site Certificate is valid for one year from the date of issuance or a lesser period if so specified on the HCBS ~~certificate~~ Certificate.
- B. A renewal HCBS ~~certificate~~ Certificate or HCBS Site Certificate is valid for one year from the date of issuance or a lesser period if so specified on the HCBS ~~certificate~~ Certificate or HCBS Site Certificate.

R6-6-1510. ~~Amending an HCBS Certificate~~ Repealed

- ~~A. A service provider shall request an amendment to the HCBS certificate when any of the following information or circumstances change:~~
- ~~1. Name, address, or telephone number;~~
 - ~~2. Addition of a service to the Division's service contract;~~
 - ~~3. Deletion of a service to the Division's service contract;~~
 - ~~4. Change in the Tax ID#; or~~
 - ~~5. Change in AHCCCS provider type.~~
- ~~B. The service provider shall file a request for amendment not more than 30 days after the change by sending a written request to the Division.~~
- ~~C. The Division shall mail the service provider written notice of amendment approval or denial within 30 days of receipt of the written request.~~

R6-6-1505. R6-6-1510. Setting Requirements for HCBS Service ~~Providers~~ Sites Other than Group Homes

- A. ~~Except as provided by R6-6-1521, the applicant~~ The Applicant shall cooperate with an initial ~~health and safety inspection~~ Life Safety Inspection, and the Certificate Holder shall ~~cooperate with a Life Safety Inspection annually thereafter,~~ by ensuring the residence or facility ~~which that the applicant~~ Applicant or Certificate Holder owns, rents, or leases, and in which the services are to be provided, if other than the ~~client's~~ Member's home, is fully accessible to ~~an inspector approved by the Division~~ the Department's inspector.
- B. ~~The health and safety inspection~~ inspector shall conduct the Life Safety Inspection ~~focuses on such areas as general appearance and cleanliness of the residence or facility, heating and cooling, ventilation, lighting, safety hazards, swimming pools, yard, and the storage of toxic materials and medicines~~ as required in Article 11 of this Chapter.
- C. The Applicant or Certificate Holder shall ensure that the HCBS Service Site remains in compliance with the requirements for HCBS Certification and requirements for HCBS Service Sites at all times.
- B. ~~Except as provided by R6-6-1521, the applicant shall have a fire department or individual approved by the Division perform a fire inspection at the time of initial application and every two years after, on each residence or facility which the applicant owns, rents, or leases, and in which services are to be provided, unless the services are provided in the client's home. The applicant shall maintain the results of the fire inspection on file.~~

R6-6-1511. ~~Maintenance of an HCBS Certificate~~ Repealed

~~During the term of the HCBS certificate, each service provider shall keep the following requirements current:~~

- ~~1. Fingerprinting as provided by R6-6-1506;~~
- ~~2. Licensure, training, and professional experience as required in this Article; and~~
- ~~3. Records, as provided by R6-6-1519.~~

~~R6-6-1506~~R6-6-1511. Fingerprinting Requirements

A. Except as distinguished in R6-6-1511(C) ~~otherwise provided by R6-6-1521~~, each ~~applicant~~ Applicant shall ~~be fingerprinted by:~~ obtain a current Level One Fingerprint Clearance Card from an agency authorized by State statute to provide a Level One Fingerprint Clearance Card.

- ~~1. Filing a request with the Department on a form prescribed by the Department and paying the applicable fees; or~~
- ~~2. Filing a request with an agency authorized by state or federal statute to obtain fingerprints, paying the applicable fees, and having the fingerprints forwarded to the Department of Economic Security's Office of Special Investigations, located in Phoenix, Arizona.~~

B. ~~Except as otherwise provided by R6-6-1521, the~~ The following individuals shall ~~be fingerprinted for a criminal record check~~ apply for a Level One Fingerprint Clearance Card from an agency authorized by state statute to provide a Level One Fingerprint Clearance Card at the time of initial ~~application~~ Application or initial employment with an HCBS Agency, and maintain a valid Level One Fingerprint Clearance Card for the

~~duration of the HCBS Certification or employment with the HCBS Agency and every three years from the date of clearance, thereafter:~~

1. ~~All applicants, including individuals and agency administrators~~ Applicants;
2. ~~Direct-care staff~~ Staff;
3. ~~Supervisors of Direct-care staff~~ Staff; and
4. ~~All individuals age 18 and above~~ Adult Household Members ~~who reside in the Applicant's or Certificate Holder's home, when services are to be delivered in the applicant or service provider's~~ Applicant's or Certificate Holder's home.

~~C. Each applicant who has been fingerprinted shall maintain a file which includes:~~

- ~~1. A clearance letter from the Department dated within six months of the date the fingerprints were taken; or~~
- ~~2. A copy of a letter sent by the service provider to the Division stating that the clearance letter was not received within the required six months.~~

C. Subsections (A) and (B) do not apply:

1. For Adult Household Members when a Member and Applicant or Certificate Holder reside in the same home, and
2. When Applicant or Certificate Holder is an Immediate Relative of the Member being provided services and the Applicant or Certificate Holder will be providing attendant care only

- D.** The individual applying for a Level One Fingerprint Clearance Card shall indicate in the fingerprint application that the Applicant intends to provide services to Members.
- E.** While an application for a Level One Fingerprint Clearance Card is pending, an individual listed in (B) shall maintain evidence of the application, as well as any written communication associated with the attempt to obtain a Level One Fingerprint Clearance Card.
- F.** Direct-care Workers:
1. A Direct-care Worker may work directly with Members for up to 90 Days after applying for a Level One Fingerprint Clearance Card while waiting to receive the Level One Fingerprint Clearance Card or the denial or revocation of the Level One Fingerprint Clearance Card.
 2. The Direct-care Worker shall not have direct contact with Members if they have not received a Level One Fingerprint Clearance Card within the time frame specified in (1) of this Section until a Level One Fingerprint Clearance Card is received.
 3. An HCBS Provider shall notify in writing any Member or Responsible Person being provided service by a Direct-care Worker who is awaiting a Level One Fingerprint Clearance Card as specified in (1) of this Section that includes:
 - a. The date of the Level One Fingerprint Clearance Card application; and

b. That the Direct-care Worker has not received fingerprint clearance because the Direct-care Worker's Level One Fingerprint Clearance Card application is pending.

G. Each Certificate Holder and Direct-care Worker shall apply for a Level One Fingerprint Clearance Card renewal no later than 60 Days prior to expiration.

H. Upon notification of the denial, expiration, revocation, or suspension of the Level One Fingerprint Clearance Card of any of the individuals listed in R6-6-1511(B), the HCBS Provider shall immediately prohibit the individual from providing services directly to or having any contact with Members.

I. Any individual listed in R6-6-1511(B) with a driving restriction on the individual's Level One Fingerprint Clearance Card shall not drive any vehicle to transport a Member.

R6-6-1512. Transportation Responsibilities

A. When Members are transported during the provision of Direct-care Services, the HCBS Provider or Direct-care Worker shall ensure that the vehicle, at a minimum:

1. Is maintained in safe operating condition;
2. Is properly registered, and has liability insurance; and
3. Has passenger safety restraints available and in use under applicable state laws.

B. When a Member is transported during the provision of Direct-care Services, the HCBS Provider or Direct-care Worker shall ensure that each Member uses a seat belt or, if applicable:

1. The Member is secured in a device designed to protect the Member during transportation if the member has a disability that prevents the maintaining of head and torso control while sitting;
 2. The Member being transported in a wheelchair is properly secured with a floor-mounted seat belt, vehicle mounted shoulder harness, and the wheelchair is properly immobilized using lock-down devices; and
 3. Each child is properly secured in the vehicle using a restraining system that is appropriate to the height, weight, and physical condition of the child and complies with all child restraint laws.
- C. An HCBS Provider or Direct-care Worker shall not leave a Member unattended in a vehicle.
- D. An HCBS Provider or Direct-care Worker shall not transport a Member by a motorcycle, in a truck Bed, in the cargo area, or in a trailer attached to a motor vehicle.
- E. An HCBS Provider or Direct-care Worker with a driving restriction on the Level One Fingerprint Card shall not transport a Member.
- F. An HCBS Provider or Direct-care Worker shall follow any driving restriction on the HCBS Provider's or Direct-care Worker's driver's license.

~~R6-6-1517~~; R6-6-1513. Reporting Obligations of HCBS Service Providers

- ~~A. If the following types of incidents occur while a client is in the direct care of a service provider, the service provider shall immediately report to the Division:~~
- ~~1. The death of a client;~~

- ~~2. Alleged neglect or abuse of a client;~~
 - ~~3. An incident related to a client that involves law enforcement personnel, emergency services, emergency medical care, the media, or emergency medical techniques;~~
 - ~~4. Suicide attempts by a client; and~~
 - ~~5. Community complaints about a client.~~
- ~~**B.** The service provider shall report a missing client to law enforcement officials and the Division as soon as the service provider determines that the client is missing.~~
- ~~**C.** The service provider shall cooperate in any investigation by obtaining and providing any available information related to the incident to the Department or a law enforcement agency conducting the investigation.~~
- ~~**D.** The report shall include at a minimum:~~
- ~~1. The full name of the client;~~
 - ~~2. The name and phone number of the individual making the report, and~~
 - ~~3. A summary of the circumstances.~~
- A.** HCBS Providers shall follow all mandatory reporting laws for reporting incidents that occur while a Member is the direct care of an HCBS Provider.
- B.** HCBS Providers shall report all Incidents as defined by and using the methods described in the Division policy located on the Department's website.

~~R6-6-1519: R6-6-1514.~~ Records

- A. Each ~~Service Provider~~ HCBS Provider shall maintain within the state of Arizona; as ~~required in this Article~~; the applicable records ~~listed in subsection (B)~~ demonstrating compliance with this Article. ~~Each individual service provider shall maintain his or her own records and may do so by making arrangements with the Division to keep current records on file with the Division. Each agency service provider shall maintain these records for all agency employees as required by this Article.~~
- B. ~~The records shall include the following items:~~
- ~~1. Verification of fingerprints taken as provided by R6-6-1506, a copy of the clearance letter provided by R6-6-1506(C)(1) and the declaration regarding criminal history provided by R6-6-1504(B)(6);~~
 - ~~2. Written documentation of a current certificate for CPR and training in First Aid;~~
 - ~~3. Current license and any other certificate required by this Article;~~
 - ~~4. Written documentation that any training required in this Article has been completed;~~
 - ~~5. Proof that each employee is at least 18 years old;~~
 - ~~6. Reference letters for each direct care staff and supervisor of direct care staff of an agency;~~
 - ~~7. Written documentation that each service provider or direct care staff has the experience required in this Article; and~~
 - ~~8. Copies of all other documents required by this Article.~~

- ~~C. B.~~ Each individual making a written entry into personnel or client records shall initial the entry. Records shall include documentation or verification of the identity of the individual making the record. All entries shall be:
1. Legible;
 2. ~~Typed or written in ink,~~ Indelible;
 3. Dated; and
 4. Factual and correct.
- ~~D. C.~~ All training documentation shall be signed and dated by the The trainer or individual designated to confirm training documentation shall sign and date the training documentation and shall include the date of the training.
- D. Fingerprint Clearance Card and driver's license records shall document all restrictions.
- E. If required records are kept in more than one location, the ~~service provider~~ HCBS Provider shall maintain a list indicating the location of the records.
- F. All records under this Article shall be retained as required under A.R.S. § 12-2297.
- G. All records shall be subject to inspection and audit by the Department upon request. The Certificate Holder shall produce a legible copy of all requested records.

~~R6-6-1518. R6-6-1515.~~ **Rights of Clients Members**

All ~~service providers~~ HCBS Providers shall ~~observe~~ comply with the rights of ~~clients~~ Members listed in A.R.S. § 36-551.01 and A.A.C. R6-6-102.

~~R6-6-1512. R6-6-1516.~~ **Compliance Audit of HCBS Service Providers**

- A. The ~~Division~~ Department shall conduct a ~~compliance audit~~ Compliance Audit of each HCBS ~~service provider's~~ Provider's records at least every two years. ~~The~~ Except as

~~provided in subsection (B), the Division~~ Department shall schedule ~~with the service provider the record~~ Compliance audit Audit with the HCBS Provider at least two ~~business~~ Business days Days in advance of the Compliance Audit.

B. The ~~Division~~ Department may conduct an unscheduled ~~compliance audit~~ Compliance Audit as a result of a complaint or noncompliance issue at its discretion.

C. The ~~individual or contracted agency~~ Certificate Holder shall cooperate with the ~~compliance audit~~ Compliance Audit conducted by the ~~Division~~ Department by:

1. Making available ~~the following~~ all information ~~to the Division~~ required by this Article:
 - a. ~~Fingerprint clearance letters for each individual as provided by R6-6-1506(B);~~
 - b. ~~Written documentation of completion of a current Cardiopulmonary Resuscitation (CPR) certificate for each individual service provider and direct-care staff as provided by R6-6-1520(A)(1)(b);~~
 - c. ~~Written documentation of current First-aid training for each individual service provider and direct-care staff as provided by R6-6-1520(A)(1)(c);~~
 - d. ~~Written documentation that each individual service provider and direct-care staff has reviewed Article 9, except as provided by R6-6-1521;~~
 - e. ~~Copies of three references for each direct-care staff as provided by R6-6-1504(D);~~

- f. ~~Written documentation showing that each individual service provider and direct care staff has completed training in client intervention techniques as provided by R6-6-1520(C);~~
 - g. ~~Written documentation showing that the individual providing service has received an orientation to the specific needs of each client served prior to the delivery of service, as provided by R6-6-1520(A)(1)(a);~~
 - h. ~~A copy of a current valid driver's license, valid registration, and current liability insurance coverage as required by A.R.S. Title 28, Chapter 3, 4, and 7 for each individual providing transportation for a client;~~
 - i. ~~Written documentation of any other training required by this Article; and~~
 - j. ~~Written documentation of the date of hire for each direct care staff of a contracted agency.~~
2. Allowing the ~~Division~~ Department to privately interview employees and subcontractors; and
 3. Participating in the ~~compliance audit~~ Compliance Audit entrance and exit conferences with ~~Division~~ Department employees.

~~R6-6-1513. R6-6-1517.~~ Complaints Grievances

- A. Any person who has a ~~complaint~~ Grievance about ~~an HCBS service provider~~ a HCBS Provider may register an oral or written ~~complaint~~ Grievance with the ~~Division~~ Department.

- ~~B.~~ If the complainant provides his or her name and address at the time the complaint is registered, the Division shall, within 30 days, send the complaining party notice that the complaint was received and of the action to be taken on the complaint.
- ~~C.~~ B. The ~~Division~~ Department shall ~~investigate complaints about the HCBS service provider within 10~~ provide notice of the Grievance decision to the person who registered the Grievance within 90 Days after receiving the Grievance. ~~calendar days from the receipt of the complaint. The Division shall notify the service provider that an investigation is in progress and provide an opportunity for the service provider to relate any information known regarding the complaint. If the Division has reasonable cause to believe that imminent danger exists, the Division shall conduct the investigation immediately, report to the appropriate authorities, if applicable, and provide notice to the service provider that an investigation is in progress.~~
- ~~D.~~ The ~~Division~~ shall notify the service provider of the results of an investigation through a summary of the investigative findings conducted pursuant to this rule and any corrective action. The Division may release the summary investigative findings by request to the responsible person or client, unless prohibited by A.R.S. §§ 41-1959 and 36-568.01.
- ~~E.~~ Complaints are not considered a formal grievance. A grievance may be filed with the Division pursuant to R6-6-1801 et seq.

~~R6-6-1514.~~ R6-6-1518. Denial, Suspension, or Revocation of an HCBS Certificate

- A. The ~~Division~~ Department may deny, suspend, or revoke an HCBS ~~certificate~~ Certificate or an amendment to an HCBS ~~certificate~~, for any one or a combination of the following:
1. An ~~applicant~~ Applicant or ~~service provider~~ HCBS Provider refuses to ~~cooperate in~~ provide information as required ~~in~~ by this Article or materially

misrepresents information required by this Article; or

2. An Applicant or HCBS Provider fails to meet or maintain the requirements in this Article, federal or state statutes, or city or county ordinances or codes;
2. 3. An ~~applicant~~ Applicant or ~~service provider~~ HCBS Provider violates applicable provisions of Articles 1, 9, 15, and 16 of this Chapter and other Life Safety Inspection laws and rules;
4. An Applicant or HCBS Provider is placed on the Department's Adult Protective Services registry for abuse, neglect, or exploitation of a vulnerable adult or the Department of Child Safety central registry for abuse or neglect of a child;
5. An Applicant or HCBS Provider had a prior license or certification denied, suspended, or revoked; or
6. An Applicant or HCBS Provider violates the "Statement of Understanding".

B. ~~The Division may deny or revoke an HCBS certificate if an applicant, individual service provider, or agency administrator has been convicted of, pled no contest to, or is currently awaiting trial on any of the following criminal acts:~~

- ~~1. Sexual abuse of a child or vulnerable adult;~~
- ~~2. Incest;~~
- ~~3. First- or second-degree murder;~~
- ~~4. Kidnapping;~~
- ~~5. Arson;~~
- ~~6. Sexual assault;~~
- ~~7. Sexual exploitation of a child or vulnerable adult;~~
- ~~8. Commercial sexual exploitation of a child or vulnerable adult;~~

- ~~9. Felony offenses within the previous 10 years involving the manufacture or distribution of marijuana or dangerous or narcotic drugs;~~
 - ~~10. Robbery;~~
 - ~~11. Child prostitution as defined in A.R.S. § 13-3206;~~
 - ~~12. Child abuse or abuse of a vulnerable adult;~~
 - ~~13. Sexual conduct with a child;~~
 - ~~14. Molestation of a child or vulnerable adult;~~
 - ~~15. Voluntary manslaughter; or~~
 - ~~16. Aggravated assault.~~
- ~~C. Upon notification that an agency employee is found to have been convicted of, awaiting trial on, or pled no contest to any of the criminal acts listed in R6-6-1514(B), an agency shall immediately take the following actions:~~
- ~~1. Remove the employee from direct contact with clients; and~~
 - ~~2. Notify the Division, unless the agency initially received notice from the Division.~~
- ~~D. If an agency fails to comply with R6-6-1514(C), the Division may deny or revoke the agency HCBS certificate.~~
- ~~E. Upon notification that an individual service provider has been convicted of, pled no contest to, or is currently awaiting trial on any of the criminal acts listed in R6-6-1514(B), the Division shall immediately take the following action to assure that the individual service provider has no direct contact with the client:~~
- ~~1. Prohibit the service provider from rendering services to the client;~~
 - ~~2. Notify the responsible person; and~~
 - ~~3. Prevent further authorization for service with the service provider.~~

~~F. If the criminal records check pursuant to R6-6-1506(B) indicates that an individual service provider, agency administrator, or a direct care staff person or the supervisor of a direct care staff person has been convicted of or found by a court to have committed, or is reasonably believed to have committed, the offenses listed in A.R.S. § 36-594, other than those listed in R6-6-1514(B), the Division shall consider the following factors when determining what action to take regarding HCBS certification:~~

- ~~1. The extent of the individual's criminal record;~~
- ~~2. Length of time since the commission of the offense;~~
- ~~3. Nature of the offense;~~
- ~~4. Mitigating circumstances surrounding commission of the offense;~~
- ~~5. The degree of the individual's participation in the offense;~~
- ~~6. The extent of the individual's rehabilitation, including but not limited to:~~
 - ~~a. Completion of all terms of probation, and~~
 - ~~b. Payment of all restitution or compensation for the offense, and~~
 - ~~c. Evidence of positive action to change criminal behavior such as completion of a drug treatment program or counseling;~~
 - ~~d. References attesting to the individual's rehabilitation;~~
- ~~7. The individual has the burden of providing evidence of mitigating factors listed in subsection (F)~~

G. B. If the reason for denial, suspension, or revocation of a ~~certificate~~ HCBS Certificate involves a threat to the health, welfare, or safety of a ~~clients~~ Member, the ~~service provider~~ HCBS Provider shall not render services to a ~~client~~ Member.

C. If an HCBS Certificate is denied, suspended, or revoked, the Department shall send a notice to the Applicant or Certificate Holder and include:

1. The reason for the denial, suspension, or revocation with a citation to supporting statutes or rules;
2. The Applicant's right to request an Administrative Review of the denial, suspension, and revocation in accordance with 6 A.A.C. 6, Article 18; and
3. The time frame for requesting an Administrative Review of the denial, suspension, and revocation.

~~R6-6-1515.~~ R6-6-1519. Corrective Action Plan

A. In lieu of revocation or suspension, the ~~Division~~ Department may require a ~~service provider~~ HCBS Provider to implement a ~~corrective action plan~~ Corrective Action Plan to correct ~~HCBS certification deficiencies~~ non-compliance issues when:

1. Allowing the ~~service provider~~ HCBS Provider to continue services is in the best interest of the ~~clients~~ Member; and
2. The ~~client's~~ Member's health, safety, or welfare will not be jeopardized.

~~B.~~ ~~The following conditions may result in a request for corrective action:~~

- ~~1. Certificate in CPR or training in First Aid for an individual service provider or direct-care staff is not current;~~
- ~~2. Written documentation of an orientation to the specific needs of each client is not available;~~
- ~~3. Required training is not documented or not completed; or~~

4. ~~Fire inspection cannot be obtained within the time provided by R6-6-1505(B). The burden is on the service provider to document the inability to obtain a fire inspection.~~
- ~~C. B.~~ The ~~Division~~ Department shall notify the ~~service provider~~ HCBS Provider in writing of each ~~non-compliance issue~~ deficiency, the ~~corrective action to be taken~~, and the deadlines for all corrective action.
- ~~D. C.~~ The ~~service provider~~ HCBS Provider shall develop a ~~corrective action plan~~ Corrective Action Plan and submit the Corrective Action Plan ~~it to the Division~~ for approval by the Department.
- ~~E. D.~~ If the ~~service provider~~ HCBS Provider does not provide the ~~Division~~ Department with written documentation showing the completion of corrective action by the ~~deadlines~~ deadline in the notice of ~~deficiency~~ non-compliance, the ~~Division~~ Department may revoke or suspend the HCBS ~~certificate~~ Certificate pursuant to R6-6-1514.
- ~~F. E.~~ The ~~Division's~~ Department's decision to require a ~~corrective action plan~~ Corrective Action Plan is not subject to ~~administrative~~ Administrative review Review pursuant to R6-6-1516.

~~R6-6-1516. R6-6-1520.~~ **Right to an Administrative Review and Appeal Hearing**

- A. An ~~applicant~~ Applicant or ~~service provider~~ HCBS Provider may request an ~~administrative~~ Administrative review Review pursuant to ~~R6-6-1801 et seq.~~ under Article 18 of this Chapter when the ~~Division~~ Department denies, suspends, or revokes an HCBS ~~certificate~~ Certificate or HCBS Site Certificate.

- B. The ~~Division~~ Department shall provide written notice, ~~at the time of the action~~ to the ~~applicant~~ Applicant or ~~service provider~~ HCBS Provider of the right to an ~~administrative~~ Administrative review Review when taking any action subject to Administrative Review.
- C. An appeal of any decision rendered in an ~~administrative~~ Administrative review Review shall be conducted in accordance with ~~R6-6-2201 et seq., "Appeals and Hearings."~~ Article 22 of this Chapter.
- D. An appeal of the decision of a hearing officer is conducted in accordance with A.R.S. § 41-1992.
- E. When ~~service provider~~ an Applicant or HCBS Provider timely appeals the decision to suspend or revoke an HCBS ~~certificate~~ Certificate, ~~pursuant to R6-6-2201 et seq. under~~ Article 22 of this Chapter, revocation or suspension shall not become effective until the final administrative or judicial decision is rendered, except for suspensions made under A.R.S. § 41-1064(C).
- F. A denial, suspension, or revocation due to a failure to obtain or retain a Level One Fingerprint Clearance Card is not appealable.

~~R6-6-1520. R6-6-1521.~~ Basic Qualifications, Training, and Responsibilities for Direct-care Workers

- A. ~~The following minimum requirements apply to all agency service providers~~ Prior to providing HCBS, a Direct-care Worker shall:
 - 1. ~~When a Home and Community-based Service is delivered, a direct-care staff who has completed the following required training and orientation shall be present, except as provided by R6-6-1521:~~ Sign a verification

indicating review of the Member's Planning Document and orientation to the Member's needs;

- a: ~~Orientation to the specific needs of the client being served;~~
- b: 2. CPR to meet the needs of the client and Complete First Aid and Cardio-Pulmonary Resuscitation (CPR) training provided by a certified an instructor; who is certified by a national professional organization and approved by the Department unless the Direct-care Worker is a licensed Registered Nurse, licensed Physician, Practical Nurse, or Emergency Medical Technician.
- e: ~~First aid, provided by a certified instructor unless the direct-care staff is a licensed registered nurse (R.N.), LPN, Certified Nursing Assistant, or a Physical, Occupational, Respiratory, or a Speech/Hearing therapist; and~~
- d: 3. Complete Article 9 review training.
- 2: 4. A direct-care staff shall complete the following training before working alone with clients. The training shall occur no later than 90 calendar days from the date of hire with the agency, except as provided by R6-6-1521: Complete training required to implement and maintain a Behavior Plan in compliance with Article 9 of this Chapter.
- a: ~~CPR, provided by a certified instructor to meet the needs of the client served;~~
- b: ~~First aid, provided by a certified instructor, unless the direct-care staff is a licensed R.N., LPN, Certified Nursing Assistant, or a Physical, Occupational, Respiratory, or a Speech/Hearing therapist; and~~
- e: ~~Article 9 Review.~~

5. Complete training regarding:
 - a. Location and content of appropriate Department policies;
 - b. Individuals with intellectual and Developmental Disabilities; and
 - c. Confidentiality;
 6. Sign a form acknowledging a review of the rights guaranteed to individuals with Developmental Disabilities as outlined in A.R.S. § 36-551.01.
 7. Complete training in the transportation responsibilities as outlined in R6-6-1521.
- B. ~~All individual service providers providing direct care to clients shall complete the training and orientation listed in R6-6-1520(A)(1) prior to delivering services, except as provided by R6-6-1521.~~The Department shall conduct a check of the Department of Child Safety central registry. Direct-care Workers listed on the central registry for a Disqualifying Act may not provide services unless granted a Department of Child Safety Central Registry Exception by the Board of Fingerprinting.
- C. ~~Each individual service provider and direct care staff of an agency shall complete client intervention techniques training if indicated in the ISPP or requested by the parent or guardian. CIT training shall be provided by a certified instructor.~~At a minimum, the Department shall conduct a check of the Adult Protective Services registry for each Direct-care Worker annually. Applicants or staff listed in the Adult Protective Services registry shall not provide services to Members.
- D. ~~Each individual service provider and direct care staff of an agency~~ Direct-care Worker who transports ~~clients~~ Members shall maintain a current and valid driver's license issued in the United States ~~valid registration, and current liability insurance coverage as required by A.R.S. Title 28, Chapters 3, 4, and 7.~~

- ~~E. When providing housekeeping services, an individual or direct-care staff is exempt from the requirements of R6-6-1520.~~
- ~~F. Each service provider and direct-care staff shall comply with Article 9, except R6-6-902(B) does not apply when services are provided in the client's home.~~

~~R6-6-1522. Additional Qualifications for Day Treatment and Training Services~~ Repealed

~~In addition to the general requirements in R6-6-1520, each individual who provides Day Treatment and Training services shall:~~

- ~~1. Have at least three months' experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and~~
- ~~2. Have completed training, approved by the Division, in early childhood development when working with children who are under age 6.~~

~~R6-6-1521. R6-6-1522. Additional Qualifications~~ Limitations for Attendant Care Services

Immediate Relatives of a Member shall only provide Attendant Care to the Member if the Member is 18 years of age or older, or if an exception has been granted by the Department.

- ~~A. An individual who wishes to provide Attendant Care services and is not an immediate relative of the client shall comply with this Article in order to obtain an HCBS certificate.~~
- ~~B. The Division shall not compensate a spouse to provide Attendant Care services to the other spouse.~~

- ~~C. Immediate relatives may provide Attendant Care services except as required in subsection (B), and a client's natural, adoptive, or stepparent may only provide Attendant Care services to a client who is 21 years of age or older.~~
- ~~D. When a client is age 21 years or older and a parent provides Attendant Care services, the parent shall apply for an HCBS certificate and shall have:~~
- ~~1. A current CPR certificate,~~
 - ~~2. Current training in First Aid, and~~
 - ~~3. Training in such other subjects as indicated in the ISPP.~~
- ~~E. When a client's immediate relative other than the client's parent, provides the client with Attendant Care services, the immediate relative shall apply for an HCBS certificate and shall have:~~
- ~~1. Current CPR certificate,~~
 - ~~2. Current training in First Aid,~~
 - ~~3. Written documentation of a health and safety inspection unless the services are provided in the client's home,~~
 - ~~4. Written documentation of a fire inspection unless the services are provided in the client's home, and~~
 - ~~5. Such other training as indicated in the ISPP.~~
- ~~F. An immediate relative shall comply with the fingerprinting requirements in R6-6-1506 when:~~
- ~~1. The client is under age 18, and~~
 - ~~2. The client is age 18 or older and does not live with the immediate relative providing Attendant Care services.~~

R6-6-1523. Additional Qualifications for Habilitation Services

In addition to the general requirements in R6-6-1520, each ~~direct-care staff~~ Direct-care Worker of an ~~agency~~ HCBS Agency and each ~~individual service provider~~ Individual Independent Provider who provides Habilitation services shall meet at least one of the following:

1. Have at least three months' experience implementing and documenting performance in individual programs;
2. Have both three months' experience in providing either respite or personal care, and have received training, approved by the ~~Division~~ Department, in implementing and documenting performance; or
3. Perform three months of ~~habilitation~~ Habilitation services under the direct supervision of an individual who is qualified to provide ~~habilitation~~ Habilitation under subsection (1) or (2).

R6-6-1524. Additional Qualifications for Home Health Aide Services

In addition to the general requirements in R6-6-1520, Home Health Aide services shall be provided through only a Medicare-certified home health agency shall perform Home Health Aide services Home Health Agency.

R6-6-1525. Additional Qualifications for Home Health Nurse Services

- A. In this Section, “not available” means that the ~~Division~~ Department has made an effort to procure Home Health Nurse services through a Medicare-certified ~~home health agency~~

Home Health Agency but one cannot be contracted ~~with in~~ within the geographic location to provide these services.

B. In addition to the general requirements in R6-6-1520, Home Health Nurse services shall be provided through:

1. A Medicare-certified ~~home health agency~~ Home Health Agency; or
2. ~~A home health agency licensed by the state of Arizona which only allows an R.N. to provide nursing service, if~~ If a Medicare-certified home health agency Home Health Agency is not available; or, a state-licensed Home Health Agency that is not Medicare-certified may be used only if the service is provided by a Registered Nurse who is employed by or sub-contracted with the state-licensed Home Health Agency.
3. ~~An independent R.N. currently licensed to practice professional nursing by the Arizona Board of Nursing, if a Medicare-certified home health agency is not available.~~

C. ~~An R.N. or an L.P.N. who is supervised by an R.N. shall provide home health nursing. Services may be provided through a Medicare-certified home health agency, a licensed home health agency, or by an independent nurse currently licensed to practice professional nursing by the Arizona Board of Nursing.~~

R6-6-1526. ~~Additional Qualifications for Hospice Services~~ Repealed

~~In addition to the general requirements in R6-6-1520, services shall be provided by a Hospice:~~

- ~~1. Licensed by the Arizona Department of Health Services, and~~

2. ~~Certified by Medicare.~~

~~R6-6-1528.~~ R6-6-1526. Additional Qualification for Occupational Therapy Services

In addition to the general requirements in R6-6-1520, each individual who provides Occupational Therapy services shall be currently:

1. ~~licensed~~ Licensed as an Occupational Therapist ~~by the state of Arizona, Board of Occupational Therapy Examiners.~~ under A.R.S. Title 32, Chapter 34; or
2. Licensed as an Occupational Therapy Assistant working under the supervision of the licensed Occupational Therapist.

~~R6-6-1527. Additional Qualifications for Housekeeping Services~~ Repealed

~~In addition to the general requirements in this Article, each individual who provides housekeeping services shall receive an orientation to the specific housekeeping needs of the client.~~

~~R6-6-1530.~~ R6-6-1527. Additional Qualifications for Physical Therapy Services

In addition to the general requirements in R6-6-1520, each individual who provides Physical Therapy services shall be currently:

1. ~~licensed~~ Licensed as a Physical Therapist ~~under by the state of Arizona, Board of Physical Therapy Examiners.~~ under A.R.S. Title 32, Chapter 20; or
2. Certified to provide Physical Therapy under the supervision of the licensed Physical Therapist.

~~R6-6-1531.~~ R6-6-1528. Additional Qualifications for Respiratory Therapy Services

In addition to the general requirements in R6-6-1520, each individual who provides Respiratory Therapy services shall be currently licensed as a Respiratory Therapist by the state of Arizona, Board of Respiratory Care Examiners.

R6-6-1529. ~~Additional Qualifications for Personal Care Service~~ Repealed

~~In addition to the general requirements in R6-6-1520, each individual who provides Personal Care services shall:~~

- ~~1. Have at least three months experience in providing assistance to an individual to meet essential personal physical needs, such as showering, bathing, toileting, and eating, and~~
- ~~2. Complete training approved by the Division in home accident prevention.~~

~~R6-6-1532.~~ R6-6-1529. Additional Qualifications for Respite Services

In addition to the general requirements in R6-6-1520, each individual who provides Respite ~~services~~ Services shall have at least three months' experience in providing assistance to an individual to meet essential personal physical needs, ~~as described in R6-6-1529~~ such as showering, bathing, toileting, and eating.

~~R6-6-1533.~~ R6-6-1530. Additional Qualifications for ~~Speech/Hearing Therapy~~ Speech-language Pathology Services

In addition to the general requirements in R6-6-1520, each individual who provides ~~Speech/Hearing Therapy~~ Speech-language Pathology services shall be currently:

- ~~1. Have a Master's degree in speech-language pathology;~~
- ~~2. Have a Certificate of Clinical Competence from the American Speech and Hearing Association, and~~
- ~~3. Have a current membership card from the American Speech-Language Hearing Association.~~

1. Licensed as a Speech-language Pathologist under A.R.S. Title 36, Chapter 17; or
2. Certified to provide speech-language pathology under the supervision of the licensed Speech-language Pathologist.